Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public Open to Public

Inter	nal Revenue	Service	► Go to www.irs.g	ov/Form990 for it	structions and th	ne latesi	informatio	n. 14104				
<u>A</u>	For the 2	2018 cale	ndar year, or tax year beginning	Jul	1 , 2018, a	ind endi	ng .	Jun 30	,2019			
В	Check if a	pplicable:	C Name of organization San Tan	Montessori	School, In	c.		D Employ	er identification number			
	Address c	hange	Doing business as					56-2	610311			
	Name cha	nge	Number and street (or P.O. box if m	ail Is not delivered to	street address)	Room/s	ulte	E Telepho	ne number			
	Initial retur	m I	3959 East Elliot Ro	ad				(480	222-0811			
	Final return	terminated	City or town, state or province, cour	ntry, and ZIP or foreig	n postal code							
	Amended	return	Gilbert, AZ 85234					G Gross re	ceipts \$ 8,838,301.			
	Application	n pending	F Name and address of principal office	er:			H(a) is this	a group return for	subordinates? Yes X No			
	•	. 1	Kristofer Sippel, 395	9 E. Elliot R	d, Gilbert, A	AZ 852		- ·				
ı	Tax-exem	ot status:	X 501(c)(3) ☐ 501(c) (.) 4947(a)(1) or				list. (see instructions)			
J	Website:		ww.santancharterscho			:	H(c) Gro	sup exemption	number ▶			
			X Corporation Trust Associa		LYea	er of forma			of legal domicile: AZ			
	art I	Summ			i i							
			scribe the organization's miss	lon or most sign	ficant activities:	San T	an Charter	School a	s a school community.			
ø	I .											
ang		works collaboratively to ensure each student has an academic and social environment designed for their individual success; fostering creativity,										
Ë			s box ▶ ☐ if the organization									
Activitles & Governance			of voting members of the gove		•	•		1 _ [6			
8			of Independent voting member		· ·			·	4			
es			ber of individuals employed in	-				. 5	82			
Σ	1		ber of volunteers (estimate if	-				. 6	40			
Ş	1		elated business revenue from			•		. 7a	0.			
•	1		ated business taxable income		• • •	• •		7b	0.			
—	-	iot di li oli	atod business taxable income	Year	Current Year							
Revenue	8 0	Contribut	ions and grants (Part VIII, line	1h)			6.2	61,032.	8,055,585.			
	1		service revenue (Part VIII, line			• •	0,2	01,032.	8,033,363.			
.≺er	1	-	nt income (Part VIII, column (A		 7d)	• •		33,962.	182,123.			
æ	ı		enue (Part VIII, column (A), line	07,828.	600,593.							
	ı		nue-add lines 8 through 11 (n					02,822.				
			nd similar amounts paid (Part I			10 (2)	0,0	02,022.	8,838,301.			
	1		paid to or for members (Part D			• •						
	1	-	other compensation, employee I			510)	2 4	89,339.	4 720 022			
See	9		nal fundraising fees (Part IX, c	•			3,4	09,339.	4,729,923.			
Expenses			fraising expenses (Part IX, col									
ă			penses (Part IX, column (A), lin			<u>v</u> .	Account Constitution	34,900.				
	17 C 18 T	otal ava	enses. Add lines 13–17 (must	could Book De	Description (A) Through			24,239.	4,728,895.			
			less expenses. Subtract line 1		WE'IVE'D' 23	וי די		21,417.	9,458,818.			
Pes Ses		ic voi lue	ioss expenses. Subtract inte i			,1 · 		Current Year	-620, 517. End of Year			
ts o	20 T	otal ace	ets (Part X, line 16)	MAY.	1 3 2020 . 8			82,346.	31, 178, 134.			
Asse	21 T		lities (Part X, line 26)	1.1.				64,597.	33,580,902.			
Net Assets Fund Balanc	22		s or fund balances. Subtract li	10 21 factor		<i>l</i> ' '		82,251.	-2,402,768.			
	ert II		ure Block	ILO ET INCHIONISTA	"N, UT "		±1.	02,231.	2,402,700.			
_			y, I declare that I have examined this r	otim including coop	mounting schodules	and state	omente and t	a the best of n	w knowledge, and heliaf it is			
true	e, correct, a	and comple	ete. Declaration of preparer (other than	officer) is based on a	ill information of whic	sh prepare	er has any kno	owledge.)			
	Τ	1		>				16/5	11 110			
Sig	ın l	Slane	ture of officer					Date	100			
He		, -										
	.		stofer Sippel, CEO or print name and title				-					
_		, , , , , , , , , , , , , , , , , , ,	pe preparer's name	Preparer's signature		Ιn	ate	1	PTIN			
Pa		1	ny Lorenzo		rolenio		/ /	Check [self-emp	_) #			
	eparer	<u> </u>		I IN WING	venjs		1 1/ 2020					
Us	e Only	Firm's na	* -	י מיים	111 CTT DODG	m ar			36-1097761			
Ma	the IDS		ddress ► 1450 W. GUADALU this return with the preparer s			<u> , A</u>	0023311	none no. (4)	30) 644-1097 ⊠ Yes □ No			
	-		this feturn with the preparer				EV 05/20/19 PR	<u> </u>	Form 990 (2018)			

Form 99	90 (2018) Page 2									
Part	Statement of Program Service Accomplishments									
	Check if Schedule O contains a response or note to any line in this Part III									
1	Briefly describe the organization's mission:									
	San Tan Charter School, as a school community, works collaboratively to									
	ensure each students has an academic and social environment designed									
	for their individual success; fostering creativity, critical thinking,									
	and inspiring happiness while honoring each person's humanity.									
2	Did the organization undertake any significant program services during the year which were not listed on the									
	prior Form 990 or 990-EZ?									
	If "Yes," describe these new services on Schedule O.									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program									
	services?									
	If "Yes," describe these changes on Schedule O.									
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by									
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,									
	the total expenses, and revenue, if any, for each program service reported.									
4a	(Code:) (Expenses \$ 8,902,576. including grants of \$ 0.) (Revenue \$ 560,368.)									
	San Tan Montessori operates a charter school in the State of Arizona									
	and served approximately 993 students during the 2018-2019 school									
	year.									
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)									

4c	(Code:) (Expenses \$lncluding grants of \$) (Revenue \$)									
4d	Other program services (Describe in Schedule O.)									
	(Expenses \$ including grants of \$) (Revenue \$)									
4e	Total program service expenses ▶ 8,902,576.									

X DE AKLD

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, Ilne 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_×	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u> _
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), Ilne 3, more than \$5,000 of aggregate grants or other assistance to or for foreign Individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19_		×
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b]	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? கீட்டுகள் செலுப் செலுப் se supplete Schedule I, Parts I and II	21		×

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	×	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	×	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		×
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	×	
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		×
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	×	
c 29	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	×	×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	х	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		Yes	□ No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a 23			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	ic		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		_	
		<i>(===)==</i>	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 82	- Same		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	X pressas	#5000 W 545
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			١.,
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	9400838	X
b	If "Yes," enter the name of the foreign country:			
F.	See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		×
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- va		<u> </u>
b	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a	Evanee.	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	18.63	13.7
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	OFFICE STATE	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041?	12a	erezser	ERNA ESE
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to Issue qualified health plans in more than one state?	13a	******	
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	the organization is licensed to issue qualified health plans			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	- ``	\dashv	
	excess parachute payment(s) during the year?	15	ļ	×
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b	below, and	d for a	"No"					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in School	lule O. See i	instruci	ions.					
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u> </u>	. 🛛					
Secti	on A. Governing Body and Management								
		pi mara	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	6							
	If there are material differences in voting rights among members of the governing body, or								
	if the governing body delegated broad authority to an executive committee or similar								
	committee, explain in Schedule O.								
b	, , , , , , , , , , , , , , , , , , , ,								
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with								
•	any other officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the			١					
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	. 3		×					
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed Did the organization become aware during the year of a significant diversion of the organization's assets			X					
6	Did the organization become aware during the year of a significant diversion of the organization's assets	6	┪—	×					
_	Did the organization have members of stockholders, or other persons who had the power to elect or a	· · —	╅	×					
7a	one or more members of the governing body?	7a	<u> </u>	×					
b	Are any governance decisions of the organization reserved to (or subject to approval by) men stockholders, or persons other than the governing body?	nbers, 7b	1	×					
8	Did the organization contemporaneously document the meetings held or written actions undertaken or	during							
	the year by the following:								
a	The governing body?	8a		<u> </u>					
b	Each committee with authority to act on behalf of the governing body?	8b	×						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach		1						
Section	the organization's mailing address? If "Yes," provide the names and addresses in Schedule Oon B. Policies (This Section B requests Information about policies not required by the Internal		20de l	<u> </u>					
Occur	on bet onotes (This decide a requeste information about ponotes not required by the internal	110701100	Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	108	+	×					
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purpose		3						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the	form? 11a		X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of Interest policy? If "No," go to line 13	12	3 X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cor) X						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If								
40	describe in Schedule O how this was done	. 120							
13 14	Did the organization have a written whistleblower policy?	<u>13</u>							
15	Did the organization have a written document retention and destruction policy?								
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and deci								
а	The organization's CEO, Executive Director, or top management official	15	X	1700 E A.					
	Other officers or key employees of the organization	. 151							
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement							
	with a taxable entity during the year?			X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its							
	participation in Joint venture arrangements under applicable federal tax law, and take steps to safegua								
	organization's exempt status with respect to such arrangements?	16 <u>1</u>	<u> </u>	L					
	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed	4 000 T 10		0444					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	a 990-1 (Se	ection (ou1(c)					
	Own website Another's website Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, confile	ct of interes	t nalia	/ and					
13	financial statements available to the public during the tax year.	2. OI 11 11 CHOO	· pono	, unu					
20	State the name, address, and telephone number of the person who possesses the organization's books	and record	s▶						
	Organization, 3959 E. Elliot Rd. Gilbert, AZ 85234 (480)222-0811								

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.									
(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	one an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other compensation
related organizations	lividual trustee director	titutional trustee	licer	y employee	phest compensated ployee	mer	organization	(W-2/1099-MISC)	from the organization and related organizations
40.00									
	×		×			_	218,216.	0.	15,617.
30.00	×		×				79,148.	0.	2,717.
5.00	×		×				0.	0.	0.
5.00	×				_		0.	0.	0.
5.00	×						0.	0.1	0.
5.00	×	-					0.	0.	0.
5.00	×						0.	0.	0.
40.00			×				124,881.	0.	21,659.
									
	(B) Average hours per week (list any hours for related organizations below dotted line) 40.00 30.00 5.00 5.00 5.00	Average hours per week (list any hours for related organizations below dotted line) 40.00 30.00 5.00 5.00 X 5.00 X	Average hours per week (list any hours for related organizations below dotted line) 40.00 30.00 5.00 5.00 5.00 X 5.00 X	(B) Average hours per week (list any hours for related organizations below dotted line) 40.00 x	(B) Average hours per week (list any hours for related organizations below dotted line) 40.00 x 30.00 x 5.00 x 5.00 x 40.00	(B) Average hours per week (list any hours for related organizations below dotted line) 40.00 × 30.00 × 5.00 × 5.00 × 40.00	(B) Average hours per week (list any hours for related organizations below dotted line) 40.00 × 30.00 × 5.00 × 5.00 × 40.00	(B) Average hours per week (list any hours for related organizations below dotted line) 40.00 X X X X X X X X X X X X	(B) Average hours per week (list any hours for related organizations below dotted line) 40.00

,Par ((A) Name and title	(B) Average hours per week (list any	(do n box, office	ot ch	Pos leck is pe d a d	C) ition more	than o Is both	one an	(D) Reportable compensation from	(E) Reportation compensation related	ole n from	(F) Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-N	enc	compensation from the organization and related organizations
(15)												
(16)								_				
(17)												
(18)												
(19)										· · · · · · · · · · · · · · · · · · ·	\dashv	<u> </u>
(20)								_				
(21)				-	-							
(22)					-	\dashv						····
(23)								_				
(24)				4		\dashv		_			_	<u></u>
(25)				_	_							
									400.045			20.002
1b c d	Sub-total	VII, Section	n A				.	* *	422,245.		0.	39,993.
_2	Total number of individuals (including but reportable compensation from the organi	not limited				ed a) wl	ho received mo	ore than \$1	00,000	
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5	ficer, direct				ю, І	көу е	mp	loyee, or high	est compe	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											•
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or ind	lividua	turns about training of the same
Section	on B. Independent Contractors	11 100, 0	Ompre	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					don pordon			
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compensation
												
2	Total number of independent contracto							th	ose listed abo	ve) who		

Par	Check if Schedule O contains a response or note to any line in this Part VIII									
F= 7**	أحدمشست	Check if Schedule C		· · · · · · · · · · · · · · · · · · ·						
3.	د میگید. م				The state of the s	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections	
	-	amme i minera i se cama della	· · · · · · · · · · · · · · · · · · ·	200			revenue	, , , , , , , , , , , , , , , , , , , 	512-514	
Contritutions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns		1a		, # , i	,			
2 3	b	Membership dues .		1b		1				
A is	C	Fundralsing events .		1c		, , , , , , , , , , , , , , , , , , ,		· - '	5, 7, 2	
ar a	d	Related organizations	·	1d		<u> </u>	į.			
S, E	0	Government grants (cor	tributions)	1e	7,944,082.]i,				
io เกิด	f	All other contributions, g	ifts, grants,			ľ	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
E E		and similar amounts not inc	luded above	1f	111,503.		1 - 4		2.1	
£ 5	g	Noncash contributions includ	ded in lines 1a-	-11: S		Take a s	1	, , ,	- - -	
S S	l ñ	Total. Add lines 1a-1				8,055,585.		-		
				<u>` </u>	Business Code	3	1 - 2 - 1	1.2 14 Tares		
en E	2a			f					24,	
Š	b	***************************************		}	·					
[9]				}					 	
<u>\$</u>	4			}						
Š	d									
Ē	e	All other was given a con		. <u></u>			<u> </u>			
Program Service Revenue	'.	All other program ser						A STANFORM PROPERTY.	ALTERNATION OF THE	
<u> </u>	3	Total. Add lines 2a-2 Investment income	(including	divide	nde interest			and on our supremental and the same of		
	3	and other similar amo				100 100	100 100	0.	<u> </u>	
	ا ا		•			182,123.	182,123.	U.	0.	
	4	Income from investmen		•	•					
	5	Royalties	(I) Real		(ii) Personal	~ 	Same and the second	<u> </u>	January of the second	
	_		(i) rieai		(ii) Fersona.	*. · · · · · · · · · · · · · · · · · · ·	· .	-		
	6a	Gross rents				-				
	b	Less: rental expenses					. 0, 3	- 1		
	C	Rental income or (loss)	<u></u>			<u> </u>	-1.44.4.			
	ď	Net rental income or (,		productive control part		<u> </u>		
	7a	Gross amount from sales of	(ī) Securiti	es	(ii) Other					
	1	assets other than inventory				2.5	وحير منه حسي		* · · · · · · · · · · · · · · · · · · ·	
	b	Less: cost or other basis				, ,		j .		
		and sales expenses .								
	C	Gain or (loss)				3		3 3 3 4 4	But 1 . 1. 1	
	d	Net gain or (loss) .			<u> ▶</u>					
O)								()		
J. Le	8a	Gross income from fu	ındraising	ĺ		1				
	ļ	events (not including \$,			
8	1	of contributions reporte	ed on line 10	c).			. 1			
ē	i	See Part IV, line 18 .		. a[\$ 1. ar	,			
Other Reve	b	Less: direct expenses	S	. b[gr				
•	C	Net income or (loss) f			events .					
	9a	Gross income from ga	aming activit	ties.		3 -	3-31	,	M division take taken which is	
		See Part IV, line 19 .		· a		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, ,	, , ,	
	b	Less: direct expenses	· · ·	. b		, , , , , , , , , , , , , , , , , , ,		7) قاد 7 شارستاهنان شارستان سارستان	10 males and 10 ma	
	c	Net income or (loss) f	rom gaming	g activ	⁄ities ▶					
	10a	Gross sales of in	ventory, I	ess		~ 	or government and			
	1	returns and allowance	as	. a						
	ь	Less: cost of goods s	old	. ы			1 7 2 2		37	
	C	Nel income or (loss) f		of inve	ntory ►			7 44-1-1		
		Miscellaneous R		<u>_</u>	Business Code	THE REPORT OF SALES	7			
	11a	School activit			611620	425,772.	425,772.	0.	0.	
	ь	Full-day kinde			611699	88,278.	88,278.	0.	0.	
	c	Food service s			722514	46,318.	46,318.	0.	0.	
	ď	All other revenue .		·		40,225.	40,225.	0.	0.	
	e	Total. Add lines 11a-	11d .	· L		600,593.	The second second	E 31.60 = 22	A STATE OF THE STA	
	12	Total revenue. See in				8,838,301.	782.716.	0.	0.	

«Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	All other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon				🗆
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign Individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	498,190.	349,995.	148,195.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,592,740.	3,417,148.	175,592.	0.
8	Pension plan accruals and contributions (include section 401/k) and 403/k) amplayer contributions)			_	_
^	section 401(k) and 403(b) employer contributions)	4,116.	4,116.	0.	
9 10	Other employee benefits	343,226. 291,651.	314,706. 268,365.	28,520. 23,286.	0.
11	Fees for services (non-employees):	291,031.	200,303.	23,200.	<u> </u>
	Management				
b	Legal	29,684.	0.	29,684.	0.
c	Accounting	53,742.	0.	53,742.	0.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	180,900.	176,113.	4,787.	0.
12	Advertising and promotion	35,066.	0.	35,066.	0.
13	Office expenses	776,931.	746,988.	29,943.	0.
14	Information technology	61,138.	39,014.	22,124.	0.
15	Royalties				
16	Occupancy	2,904,042.	2,904,042.	0.	0.
17	Travel	109,474.	109,474.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings . Interest	95,506.	95,506.	0.	0.
21	Interest	33,300.	33,300.		
22	Depreciation, depletion, and amortization .	354,835.	354,835.	0.	0.
23	Insurance	99,697.	99,697.	0.	0.
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.)	24 601	10 200	5 202	
a	Dues & Fees	24,601. 3,279.	19,298. 3,279.	5,303. 0.	0.
b b	Miscellaneous	3,213.			
ď					
6	All other expenses				
_25	Total functional expenses. Add lines 1 through 24e	9,458,818.	8,902,576.	556,242.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . (B) (A) Beginning of year End of year 373,243. 11,678,993. 1 2 Savings and temporary cash investments 65,974. 2 3,529,222. 3 47,967. 3 102,054. 7,801. 4 4 14,707. 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualmed persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Assets 6 7 8 Inventories for sale or use 331,563. 222,780. Prepald expenses and deferred charges . . . 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 28, 355, 032. Less: accumulated depreciation 10b 1,418,904. 21,550,048. 26,936,128. 10c b 11 11 Investments—publicly traded securities 12 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 14 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 33,682,346. 16 31,178,134. 2,006,868. 17 221,374. 17 18 18 19 19 33,225,612. 20 33,086,919. 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 175,000. 23 165,954. Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 57,117. 25 106,655. Total liabilities. Add lines 17 through 25 35,464,597. 26 33,580,902. Organizations that follow SFAS 117 (ASC 950), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. -1,782,251.-2,402,768. 27 27 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here \ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds. -1,782,251.33 -2,402,768. 33 33,682,346. 34 31,178,134. Form 990 (2018)

of the audit, review, or compliation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer Identification number

San	Tan Montessori School,	Inc.				56-2610311	,				
	Reason for Public Cha		organizations must	t comple	te this p	art.) See instruction	ons.				
The	organization is not a private founda						t ~				
1	A church, convention of church		,	-	•	•	/)*/j				
2	X A school described in section						U°				
3											
4											
7	hospital's name, city, and state:										
5	An organization operated for		collogo or university	oumed o	r operate	od by a government	tal unit described in				
J			college or university	OWIIEG C	o operate	d by a government	iai unit described in				
_	section 170(b)(1)(A)(iv). (Complete Part II.)										
6	=										
7											
	described in section 170(b)(1)		•								
8	A community trust described in	n section 170(b))(1)(A)(vi). (Complete	Part II.)							
9	An agricultural research organi	zation described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant college				
	or university or a non-land-gra-	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or				
	university:										
10	☐ An organization that normally r	eceives: (1) mor	e than 331/a% of its si	upport fro	m contri	butions, membershi	p fees, and gross				
	receipts from activities related support from gross investment	to its exempt ful	nctions—subject to c	ertain exc	ceptions,	and (2) no more tha	п 331/3% of its				
	acquired by the organization a	fter June 30, 197	75. See section 509 (2	11(2), (Cor	nolete Pa	ection of Flaxy from art III.)	Dusinesses				
11	An organization organized and										
	An organization organized and	•	•	•			ry out the numoses				
-	of one or more publicly suppo										
	Check the box in lines 12a thro										
•		_		-	_	•	•				
а	the supported organization										
	supporting organization. Ye					tte directors of flast	665 01 1116				
_	• •	=									
þ											
	control or management of				persons	that control or man	age the supported				
	organization(s). You must	=	=				11 ()				
C							ally integrated with,				
	its supported organization(
d											
	that is not functionally integ						d an attentiveness				
	requirement (see instructlo	ns). You must c	omplete Part IV, Sec	ctions A a	and D, ar	nd Part V.					
е							ell, Type III				
	functionally integrated, or T	ype III non-func	tionally integrated sup	pporting o	organizati	on.	<u> </u>				
f	Enter the number of supported of	rganizations .									
g	Provide the following information	about the supp	orted organization(s).								
	(I) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of				
			(described on lines 1-10		n governing ment?	support (see	other support (see				
			above (see instructions))	GOCU	Heuri	instructions)	Instructions)				
				Yes	No						
(A)				ļ							
				i —							
B)				1							
			<u> </u>								
C)											
				 							
D)	,										
			<u> </u>				<u> </u>				
E)				ŀ							
	l l										

Total

Part							
•	(Complete only if you checked the						alify upder
<u> </u>	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support	(-) 0044	#1 2045	1-1-0040	(-1) 0047	(-) 0010 /	/ 10 T-+-!
Caler 1	dar year (or fiscal year beginning in) Figure Gifts, grants, contributions, and	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018 /	(f) Total
•	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				/		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		S. T. S. C.				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Section	Public support. Subtract line 5 from line 4						
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2014	(b) 2015/	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	(a) 2014	(6) 2010/	(6) 2010	(4) 2017	(e) 2018	(i) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the			 d. third. fourth	or fifth tax ve	ar as a sectio	n 501(c)(3)
	organization, check this box and stop her				•		
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2018/(line 6			1, column (f))		14	%
15 16a	Public support percentage from 2017 Sch 331/3% support test—2018. If the organi	zatlon dld not	check the box		ıd line 14 is 33	15 or more,	
b	box and stop here. The organization qua 331/3% support test—2017, If the organization this box and stop here. The organization	zation did not	check a box o	n line 13 or 16	a, and line 15		
17a							
	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets the neets the "fact	e "facts-and-c ts-and-circums 	circumstances' stances" test.	test, check the creation that the creation to	his box and son qualifies as	a publicly ▶ □
18	instructions	u not check a			, or 17D, cneck		► □
							

Part								. /
	(Complete only if you checked t						ulify und	der Pårt II.
	If the organization fails to qualify	y under the te	ests listed bel	ow, please c	omplete Part	<u> </u>		
Sect	on A. Public Support							/
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 20	J18 🖊	(f) Total
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")	}				1		
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities furnished in any activity that is related to the					/		
	organization's tax-exempt purpose	ļ	ļ	ļ	ļ		1	
3	Gross receipts from activities that are not an			T	 			
_	unrelated trade or business under section 513			ļ				
4						4		
4	Tax revenues levied for the organization's benefit and either paid to	1	[[ĺ	
	or expended on its behalf					-		
_	•					 		
5	The value of services or facilities	1		1		ł	- 1	
	furnished by a governmental unit to the				/			
	organization without charge			L				
6	Total. Add lines 1 through 5				/			
7a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons .	1		/	1	1	i	
b	Amounts included on lines 2 and 3							
	received from other than disqualified	1					-	
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year	İ			}			
_	•			/		 	- 	
	Add lines 7a and 7b	East Control of Control	ESSENCE SERVICE OF	September 1		5400555	(SESSION SE	
8	Public support. (Subtract line 7c from							
 -	line 6.)							
	on B. Total Support			1 1 2212	1			
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 20	118	(f) Total
9	Amounts from line 6							
10a	Gross income from Interest, dividends,		/				1	
	payments received on securities loans, rents,	1	/			ļ	1	
	royalties, and income from similar sources.		<i>!</i>					
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
G	Add lines 10a and 10b							
11	Net income from unrelated business						-	
••	activities not included in line 10b, whether	/						
	or not the business is regularly carried on	/	}					
40		¥				 	-+	
12	Other income. Do not include gain or					[
	loss from the sale of capital assets	}]		J]		
	(Explain in Part VI.)	<u> </u>	<u> </u>			 	$-\!\!+\!\!$	
13	Total support. (Add lines 9, 10c, 11,	1	ļ	Į.				
	and 12.)			L		L		
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax y	ear as a	section	501(c)(3)
	organization, check this box and stop he	re	<u></u>	<u>.</u>	<u></u>			▶ 🛚
Secti	on C. Computation of Public Suppor	rt Percentag	е					
15	Public support percentage for 2018 (line	8. column (f), c	livided by line	13, column (f))		15		%
16	Public support percentage from 2017 Scl					16		%
	on D. Computation of Investment In			<u>· · · · · · · · · · · · · · · · · · · </u>	· · · · ·			
	Investment income percentage for 2018 (v line 12 solu	mn (fi)	17		%
17								
18	Investment income percentage from 2017					18	001 01	<u>%</u>
19a	331/3% support tests-2018. If the organ							
	17 Is not more than 331/2%, check this box							
b	331/2% support tests - 2017. If the organiz							
	line 18 is not more than 331/3%, check this	box and stop h	ere. The organ	ization qualifies	as a publicly s	upported	organiz	ation 🕨 🗌
20	Driveto foundation If the organization di	d not abook a	hay on line 14	100 or 10h	shook thin how	and can		iona 🕨 🖂

Part IV Supporting

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A	A. All	Supporting	Organizations
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(?)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) Individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Dld the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Dld the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	10b		
iom.	990 or	200.57	2019

Part	Supporting Organizations (continued)			
		(COLORES DE	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
	•	Processor	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	37.52.55	E372233
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
1	Many a majority of the appropriate order of the story of	WE SEE	Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	g-19-0-2-20.0	************
Secti	on D. All Type III Supporting Organizations			
-		Trees and the	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1424
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	1000000	ALEXAND
3	By reason of the relationship described in (2), dld the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Casti	on E. Type III Functionally Integrated Supporting Organizations	3		Щ.
<u> 5ecu</u>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inetru	ction	<u></u>
a	The organization satisfied the Activities Test. Complete line 2 below.	713ti G(C (10//.	3).
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	struct	ions).
2	Activities Test. Answer (a) and (b) below.	meet seed	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		BEACT.
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	No.	KSW-9-1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	<u>izations</u>	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		N
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax Imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	ly in	tegrated Type III supporting	organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)					
Sect	ion D—Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish	exempt purposes						
2								
. 3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See Instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	ch the organization is res	sponsive					
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2018							
a	From 2013							
b	From 2014							
С	From 2015							
d	From 2016							
e	From 2017							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2018 distributable amount							
i	Carryover from 2013 not applied (see instructions)							
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2018 from							
	Section D, line 7:							
a	Applied to underdistributions of prior years							
b	Applied to 2018 distributable amount							
C	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			A CONTRACTOR OF THE PARTY OF TH				
.7	Excess distributions carryover to 2019. Add lines 3							
	and 4c.							
8	Breakdown of line 7:							
a	Excess from 2014							
<u>a</u>	Excess from 2015							
	Excess from 2016							
d	Excess from 2017							
<u>~</u>	Excess from 2018							

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

######################################	

SCHÈDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete If the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Go to www.lrs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Maille	i ille organization	51	ubiose, ineriginarion multiper
San	Tan Montessori School, Inc.		6-2610311
Par		vised Funds or Other Similar Funds	or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
	• • • • • • • • • • • • • • • • • • • •		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	•	
	funds are the organization's property, subject to the	•	
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		· · · · · 🔲 Yes 🗌 No
Part	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recrea	ition or education) Preservation of a	historically important land area
	☐ Protection of natural habitat	☐ Preservation of a	certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution is	n the form of a conservation
	easement on the last day of the tax year.	•	Held at the End of the Tax Year
а	_		***************************************
b	Total acreage restricted by conservation easement		
	Number of conservation easements on a certified		
ب د	Number of conservation easements included in		
d		(c) acquired after 7725/06, and flot of	i 1
2	Number of conservation easements modified, tran		
3		sterred, released, extinguished, or termina	ated by the organization during the
	tax year >	westing accompant to located •	
4	Number of states where property subject to conse		ation boarding of
5	Does the organization have a written policy re		
_	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing co	onservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing con	servation easements during the year
	> \$		
8	Does each conservation easement reported on line		ction 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of	of the footnote to the organization's financ	clal statements that describes the
	organization's accounting for conservation easeme		
Part	III Organizations Maintaining Collection	s of Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its re-	venue statement and balance sheet
	works of art, historical treasures, or other similar	r assets held for public exhibition, educa	ation, or research in furtherance of
	public service, provide, in Part XIII, the text of the f	footnote to its financial statements that de	escribes these items.
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its rev	enue statement and balance sheet
-	works of art, historical treasures, or other similar		
	public service, provide the following amounts relat		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ ¢
	(ii) Appate included in Form OOO Door V		· · · · · · · · · · · · · · · · · · ·
•	(ii) Assets included in Form 990, Part X	blotorical transuras or other similar as	oote for financial sain provide the
2	If the organization received or held works of art		
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .		• \$
h	Accete included in Form 900 Part Y		▶ ♦

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Par	t III Organizations Maintaining							
` 3	Using the organization's acquisition, collection items (check all that apply)		ner records	, check any o	f the follo	wing that are a	significant u	se of its
а	☐ Public exhibition			Loan or exch				
b	Scholarly research		θ 🗌	Other			···········	
C	Preservation for future generation							
4	Provide a description of the organiza XIII.		•	•		_		in Part
5	During the year, did the organization assets to be sold to raise funds rather	r than to be maintai						□ No
Par	Complete if the organization 990, Part X, line 21.		on Form	990, Part IV,	line 9, or	reported an ar	mount on F	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?							□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the follo	ving table:				
						^	lmount	
C	Beginning balance							
d	Additions during the year							
е	Distributions during the year							
f	Ending balance						<u> </u>	
	Dld the organization include an amou If "Yes," explain the arrangement in P	•	•	•				□ No
Par	Endowment Funds.			000 D-104	t 40			
	Complete if the organization	(a) Current year	(b) Prior ye		years back	(d) Three years bac	k (e) Four yea	so back
4	Designation of the telephone	(a) Current year	(b) Frior ye	iar (c) iwo	years back	(d) Three years bac	(e) Four year	ILS DSCK
1a b	Beginning of year balance							
c	Net investment earnings, gains, and losses						 	
d	Grants or scholarships		-					
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t	the current year end	balance (i	ne 1g, columi	n (a)) held	as:		
а	Board designated or quasi-endowmer	nt ▶	<u></u> %					
b	Permanent endowment ►	%						
C	Temporarily restricted endowment ▶							
3a	The percentages on lines 2a, 2b, and Are there endowment funds not in the			on that are he	eld and ad	ministered for th	ne	
	organization by:	- [3				Ye	s No
	(i) unrelated organizations						3a(i)	
	- III						3a(ii)	_
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as required	on Schedule	R?	. 	3b	
4	Describe in Part XIII the intended uses	s of the organization	n's endown	ent funds.				
Part	VI Land, Buildings, and Equip Complete if the organization		on Form 9	990, Part IV,	line 11a.	See Form 990,	Part X, line	a 10.
	Description of property	(a) Cost or oth (Investme	er basis (b)	Cost or other bas (other)	sis (c)	Accumulated apreciation	(d) Book va	
1a	Land	. 5,540	,004.				5,540,	,004.
b	Buildings	. 22,210				994,513.	21,215	
c	Leasehold improvements							
d	Equipment	. 604	,528.			424,391.	180,	,137.
8	Other	<u>·</u>						
Total.	Add lines 1a through 1e, (Column (d) n	nust egual Form 99	O. Part X. c	olumn (R), line	10c.) .		26,936,	.128.

"Part VII	Investments – Other Securities Complete if the organization ans		m 990. Part IV. lir	ne 11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Met	hod of valuation: -of-year market value
(1) Financial	derivatives				
• •	neld equity interests				
	· · · · · · · · · · · · · · · · · · ·				
(A)					
(B)					
(C)					
(D)				<u> </u>	,
(E)			_ · · · · ·	<u> </u>	
(F)					
(G)				 	
(H)				5.7/2.44 24/0.4621-0.22	
	b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments - Program Related		000 David IV IIv		000 Dart V line 40
	Complete if the organization ansi	wered Yes on For		T	
	(a) Description of investment		(b) Book value		hod of valuation: -of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					· · · · · · · · · · · · · · · · · · ·
(8)				ļ	
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.) ►				
Part IX	Other Assets.		000 D-4 N. I'-		000 P-4 V B- 4F
	Complete if the organization ansu		m 990, Part IV, III	e 11a. See Form	(b) Book value
) Description			(D) BOOK VAIUE
(1)					
(2)					
(3)					
(4)					
(6)					-
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, co	ol. (B) line 15.)			
Part X	Other Liabilities.				···
	Complete if the organization answ	vered "Yes" on Fori	m 990, Part IV, lin	ie 11e or 11f. See	Form 990, Part X,
	line 25.	- 			
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes				
	l leases payablo	86,8			
	f credit	19,6			
	st Payable		80.		
(5)					
(6)					
(7)					
(A)					
(O)) must aqual Form 000 Part V and 70 Fin 001 h	······································			
	o) must equal Form 990, Part X, col. (8) line 25.)	106, 6		n'e financial eteta-	nte that reports the
	uncertain tax positions. In Part XIII, provide liability for uncertain tax positions under				
organization t	s making for uncortain tax positions under	THE TO PROUP 140). OHE	SECTION OF BUILDING TOWN	IOURIOIS HAS DEE	provided in Fact Aiii 🔼

Part		Return.	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	8,838,301.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	-	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	19900	
θ	Add lines 2a through 2d	2e	0.000.001
3	Subtract line 2e from line 1	3	8,838,301.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	4.0	
С 5	Add lines 4a and 4b	4c 5	
Part			8,838,301.
rari	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	er netur	11.
			0 450 010
1 2	Total expenses and losses per audited financial statements	1	9,458,818.
a	Donated services and use of facilities		
b	Other losses		
Ç	Other (Describe in Part XIII.)		
d o	Add lines 2a through 2d	2e	
е 3	Subtract line 2e from line 1	3	9,458,818.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,458,818.
	XIII Supplemental Information.	1	3/100/010:
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional ir	formatio	
	, Line 2: Uncertain Tax Positions - The School accounts for uncertai		
posi	tions, if any, in accordance with FASB Accounting Standards Codifica	ation	
Sect:	ion 740. In accordance with these professional standards the School	recogr	nizes
tax ;	positions only to the extent that Management believes it is "more li	kely	
than	not" that its tax positions will be sustained upon IRS examination.	Manag	gement
beli	eves that it has no uncertain tax positions for the year ended June	30, 20	019.
w			

Schedule D (For	m 990) 2018	Page 5
Part XIII	Supplemental Information (continued	
	944	
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	

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······		

SCHEDULE E (Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest Information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

San Tan Montessori School, Inc.

Employer identification number

56-2610311

Par				
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,	<u></u>	YES	NO
	bylaws, other governing instrument, or in a resolution of its governing body?	1	×	J-33-7
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	×	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3		×
	The School is an Arizona public charter school. As such,			
	discrimination is prohibited and Arizona residents are			
	aware that public schools cannot discriminate in any manner.			
	Rainter.			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a		×
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b		×
С	Coples of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	×	
d		4d		×
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	The School did not maintain records documenting the racial			
	composition of faculty/staff, only student records maintained. No scholarships were provided.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a	21-32-120-4	X
b	Admissions policies? ,	5b		×
С	Employment of faculty or administrative staff?	5c		×
d	Scholarships or other financial assistance?	5d		×
е	Educational policies?	5e		<u>×</u> _
f	Use of facilities?	5f		×
g	Athletic programs?	5g		×
h	Other extracurricular activities?	5h		×
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	<u>×</u>	<u></u>
b	Has the organization's right to such aid ever been revoked or suspended?	6b		<u>^</u>
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.	7	×	

REV 10/24/18 PRO

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Schedule E (Form 990 or 990-EZ) 2018

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

San Tan Montessori School, Inc.

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

So to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection Employer identification number

56-2610311

Questions Regarding Compensation Part I Nο Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these Items. First-class or charter travel Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax Indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee Independent compensation consultant □ Compensation survey or study ☐ Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? 6a 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53,4958-4(a)(3)? If "Yes," describe 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Page 2

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.	sation iny ind	must be reported of lividuals that aren't last individual must be lived individual must be lived in the last be lived in the last be last be lived in the last be	on Schedule J, report complisted on Form 990, Part VII	rt compensation fro Part VII.	m the organization o	in row (i) and from	related organization	is, described in the
Note: THE SULL OLD COUNTING (D)(V-1)(V) THE SULL OLD COUNTING (D) WAS A SULL OF THE SULL OLD COUNTING (D) WAS A SULL OF THE SULL OLD COUNTING (D) WAS A SULL OLD COUNTING	3	(B) Breakdown of	W-2 and/or 1099-MIS	C compensation			(-)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(j)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
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	(2)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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16	(E)							
BAA			REV 11/05/18 PRO				S	Schedule J (Form 990) 2018

SCHEDULE K (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ► Attach to Form 990.
 ► Go to www.lrs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection 2018

Employer identification number

(i) Pooled financing

(h) On behalf of issuer

X

×

×

×

×

×

 Yes
 No
 Yes
 No
 Yes
 No

 X
 X
 X
 X
 X
 56-2610311 (g) Defeased Acquire land/build facilities Acquire land/build facilities Construct a building (f) Description of purpose 72177MRU3 | 12/01/2017 | 18,995,000. 72177PAT7 | 02/01/2014 | 12, 120, 000. 4,600,000. (e) Issue price 72177PBL3 | 04/01/2016 | (d) Date Issued (c) CUSIP# 86-0445981 86-0445981 86-0445981 (b) Issuer EIN Inc. San Tan Montessori School, AIDA - County of Pima (a) Issuer name B IDA-County of Pima CIDA-County of Pima Bond Issues Proceeds Part Part II

		Y		В			0	۵	
-	Amount of bonds retired	287,500	00.		0		0.		
2	Amount of bonds legally defeased	130,000	00.		.0		72,500.		
က	Total proceeds of issue	11,756,400	00.	4,6	4,600,000.	18,9	18,989,169.		
4	Gross proceeds in reserve funds	1,239,749	49.	2	299,000.	1,2	1,235,634.		
ß	Capitalized interest from proceeds	1,600,592	92.	3.	377,903.	9	637,872.		
9	Proceeds in refunding escrows								
7	Issuance costs from proceeds	508,558	58.	4	466,775.	6	942,775.		
8	Credit enhancement from proceeds								
6	Working capital expenditures from proceeds			1	196, 146.				
9	Capital expenditures from proceeds	7,404,943	43.	3,2	3,260,176.	15,9	15,975,571.		
F	Other spent proceeds	1,059,907	07.			2	250,000.		
12	Other unspent proceeds								
13	Year of substantial completion	2	2014		2017		2018		1
		Yes	No	Yes	No	Yes	No	Yes	Š
4	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,								
	if issued prior to 2018, a current refunding Issue)?	×			×		×		
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if		_						
	issued prior to 2018, an advance refunding issue)?	×			×		×		
16	Has the final allocation of proceeds been made?	×		×		×			
17	Does the organization maintain adequate books and records to support the								
	final allocation of proceeds?	×		×		×			

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat. No. 50193E

Schedule K (Form 990) 2018

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Laterin	Private business Use						***************************************		
		۷			В		ပ	Q	•
_	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No No	Yes	S _O	Yes	No	Yes	N
1	which owned property financed by tax-exempt bonds?		×		×		×		,
ત	ments	;			,				
	Dorna-Illianced property:	×	1		×		×		
gg	that		;		;		;		
	חתפווופסס מסים חתונים וווישונים לו החתונים ל		×		,		·		
Ω	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	-							
b	Are there any research agreements that may result in private business use of								
	bond-financed property?		×		×		×		
70	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government •	2	2.8000 %		0.0000%		0.0000		
22	Enter the percentage of financed property used in a private business use as a								
	another section 501(c)(3) organization, or a state or local government •	C	% 0000 0		0.000.0		% 0000		
9	Total of lines 4 and 5	2	8000 %		0.0000 %		0.0000		
/	vate security or		×		×		×		
8	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		×		×		×		
م	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		
O	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1.145-2?								
6	written procedu are remediated ir sections 1.141-1								
Part	V Arbitrage								
		4			8	ı	S		۵
-	Has the Issuer filed Form 8038-1, Arbitrage Rebate, Tield Reduction and Penalty in Lieu of Arbitrage Rebate?	Yes	£ ×	Yes	≗×	Yes	운 ×	Yes	2
2	If "No" to line 1, did the following apply?				ł				
æ	Rebate not due yet?					×			
ام	Exception to rebate?								
v		×		×					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
ļ,					,				

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Part IV Arbitrage (Continued)							
	∢ -	;			: -ان	-	
4a Has the organization or the governmental issuer entered into a qualified hadge with respect to the hond issue?	Yes	Yes	₽ >	Tes	<u>ک</u> >	Yes	OZ
h Name of provider	-		3		:		
Was the hedge superinte							
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	×		×		×		
b Name of provider							
٠							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?							
6 Were any gross proceeds invested beyond an available temporary period? .	×		×		×		
7 Has the organization established written procedures to monitor the	×	×	•	×			
Perav. Procedures To Undertake Corrective Action							
	4	a			ပ	-	٥
	Yes	Yes	2	Xe.	2	Kes	Ŷ.
of federal tax requirements are timely identified and corrected through the				3			
voluntary closing agreement program it seit-remediation isn t available under applicable regulations?	×		×		×		
Per VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	nses to questions	on Schedu	le K. See ir	nstructions			
Part III, Line 9 (A, B, C): The Schoo	non-qualified	bonds.					
	the 12-month period	eriod.					
Pt II in 3 A: Proceeds are less than Issue Price due to the	e Bonds being sold	at	a discount	οţ	\$363,600.	!	
II ln 3 C: Proceeds are less than Issue	e Bonds being	at	a discount	of	\$5,831.		
IV In 2c A: The most recent rebate calculation was	performed February 19,	, 19, 2018	8.				
IV ln 2c B: The most recent rebate calculation was	ormed April 25,	5, 2018.					
ВАА	REV 11/05/18 PRO					Schedule K (Schedule K (Form 990) 2018

BAA

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete If the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name	of the organization							Er	nployer ide	entificat	ilon nu	mber		
San	Tan Montessor	i School,	Inc.						56-261	0311				
Par		efit Transaction ne organization	ns (section 50 answered "Ye	1(c)(3), es" on	section Form 99	501(c)(4), a 0, Part IV, I	nd 50 ine 2	01(c)(29) orga 5a or 25b, or	anization Form 99	s only) 30-EZ,). Part	V, lin	e 40b.	•
1	(a) Name of disqualified	nereon	(b) Relationship b			person and		(c) Descr	iption of tra	ensactio	n		(d) Cor	rected?
	(a) (varie of disqualified	person		organiz	ation			(0) 5000	ipaon or at	mode do			Yes	No
(1)														
_(2)						·	<u> </u>						<u> </u>	<u> </u>
_(3)													↓	<u> </u>
(4)							L						<u> </u>	<u> </u>
(5)							L						↓	L
(6)							L						⊥	<u> </u>
2	Enter the amount under section 4958	3					٠.		_	the ye	ar ► \$	5		
3	Enter the amount of	of tax, if any, on	line 2, above,	reimb	oursed by	the organi	izatio	n	• • •	!	▶ \$	\$		
Par	Complete if the	I/or From Interne organization reported an amo	answered "Ye	s" on	Form 990 Part X, line	0-EZ, Part ' e 5, 6, or 2	V, line 2.	38a or Forr	n 990, Pa	art IV,	line 2	:6; or	if the	
(a) N	lame of interested person	(b) Relationship with organization	(c) Purpose of loan	fre	oan to or om the inization?	(e) Origir principal an		(f) Balance d	ue (g) In	default?	by bo	proved oard or nittee?		ntten ment?
		1		To	From				Yes	No	Yes	No	Yes	No
(1)	· · · · · · · · · · · · · · · · · · ·				-									
(2)				T								T		
(3)										L^{-}				
(4)														
(5)											L	<u> </u>		
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Total		· · · · ·				· · · ·	<u>. ▶</u>	<u>\$</u>					3.00	
Part	Grants or As Complete if th	sistance Benet ne organization	fiting Interest answered "Ye	ed Pe s" on	Form 99	0, Part IV, li	ine 27	7						
(a)	Name of interested person		ship between inter and the organization		(c) Amount	of assistance	((d) Type of assis	tance	(e)) Purpo	se of a	assistan	ce
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)							L			 				
(8)										4				
(9)				İ			1							

(10)

	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	rever	ues?
(d) O Man Mantager TYO		174 660	Dur. 1. (-12) (-12) (-12) (-12)	Yes	No
(1) San Tan Montessori LLC	Owned by 2 board members		Pre-k tuition paid on behalf of School staff		×
(2) Kris Sippel	Family tlember of Board Nember		Employment compensation		×
(3) Rita Sippel	Family Member of Board Member		Employment compensation		×
(4) Brooke Taylor	Family Member of CFO		Employment compensation		×
(5) Martha Stevens	Family Member of Board Member	35,865.	Employee compensation		×
(6)					ļ
(7)					
(8)				<u> </u>	-
(9)					
10) Part V Supplemental Information.			L	١.,.	L
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## SCHÈDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2018 Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

San Tan Montessori School, Inc.   56-2610311
Pt VI, Line la: The President's vote will break a tie vote of the board.
Pt VI, Line 2: Kristofer and Rita Sippel are husband and wife.
Pt VI, Line 11b: The 990 review is conducted by the School's Superintendent
and CFO prior to filing. The 990 will then be reviewed during a regularly scheduled
board meeting that may occur after the Form 990 is filed.
Pt VI, Line 12c: The School is monitored by two boards. A corporate board oversees
and approves all expenditures on a quarterly basis. If a person has a vested
interest in the situation, they are not allowed to vote or share information
on that item. A school governing board oversees all policy making and reviews
all employee contracts at a regular board meeting.
Pt VI, Line 15a: Compensation of the CEO, Executive Director, CFO, or other
top management official is reviewed during an annual board meeting. Comparability
data is presented during these reviews to determine appropriateness of compensation.
The most recent approval using comparability data was January 2018.
Pt VI, Line 15b: Compensation of the CEO, Executive Director, CFO, or other
top management official is reviewed during an annual board meeting. Comparability
data is presented during these reviews to determine appropriateness of compensation.
The most recent approval using comparability data was January 2018.